

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-013055

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2837

STATE FILE NUMBER

FILED MAR 20 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Bros. Hospital		d. STREET ADDRESS (If outside, give location) 6425 Michigan Avenue	
3. NAME OF DECEASED (Type or print) First Albert Middle Ester Last Bradley		4. DATE OF DEATH Month March Day 9 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/18/1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY ---	9. AGE (last birthday) 80
11. BIRTHPLACE (City and state or country) Ohio		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Tom Bradley		13b. MOTHER'S MAIDEN NAME Susan (Unk.)	
14. NAME OF HUSBAND OR WIFE Julia		15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates) No	
16. INFORMANT Julia Bradley 6425 Michigan, St. Louis, Mo		17. ADDRESS 6425 Michigan, St. Louis, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of Esophagus DUE TO (b) old age DUE TO (c) 161x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from June 3 - 63 to 3-9-63 and last saw her alive on 3-9-63 Death occurred at 4:30 PM 7:33 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. S. Payne M.D.		22b. ADDRESS 2752 4th Avenue	
22c. DATE SIGNED 3-11-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE Mar. 12, 1963		23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	
23d. LOCATION (City, town, or county) (State) Lemay, Missouri		24. FUNERAL DIRECTOR C. Hoffmeister Mortuaries	
25. DATE RECD. BY LOCAL REG. MAR 11 1963		26. REGISTRAR'S SIGNATURE Paul Smith, M.D.	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address

7814 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. H. Fyne FR 2-0244
2752A Cherokee St.